

Teenage Pregnancy Reduction Plan 2014 to 2017

1. Introduction

This plan sits under the sexual health strategy and sets out the boroughs plans to meet the challenges of reducing Teenage Pregnancy in Knowsley. The plan focuses on two main components; high-quality and comprehensive sex and relationships education, and free access to effective contraception and sexual and reproductive health services. The challenge lies in delivering these in a way young people trust, and which give them both the confidence and the knowledge they need to make good sexual health choices. By working with young people and utilising existing assets we can have a positive impact on the local Teenage Pregnancy Rates.

1.1 National context

Over the last 10 years, the number of young women becoming pregnant below the age of 18 has reduced substantially from the baseline set in 1998. With 27.9 conceptions per thousand women aged 15-17 in England and Wales in 2012, the under 18 conception rate has fallen to the lowest level since records began in 1969 (a decrease of 40.8%). Nearly half of all conceptions to women aged under 18 (48.7%) led to a legal abortion in 2012. In 1969, 12.5% of conceptions ended in a legal abortion.

Nationally, teenage pregnancy has received a great deal of focus in recent years, and is regarded as a significant public health issue. Addressing the problem of teenage pregnancy formed part of the previous government's policy to tackle health inequalities and social exclusion. The Social Exclusion Unit's report on Teenage Pregnancy was published in June 1999¹.

¹ Social Exclusion Unit, 1999

The report set out two national targets relating to teenage pregnancy, these were to:

- Halve the under 18 conception rate in England by 2010
- Increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion.

However, despite concerted efforts, progress against these targets has been modest, and the national target of a 50% reduction in teenage pregnancy rates by 2010 has not been met. The UK still has one of the highest rates of teenage pregnancy in Western Europe. In England, during 2010, over 32,500 women under the age of 18 became pregnant. Data consistently shows that rates of teenage pregnancy are far higher in deprived communities. The poorer outcomes associated with becoming a teenage mother mean that the effects of deprivation and social exclusion are passed from one generation to the next. There is a strong economic argument for investing in measures to reduce teenage pregnancies and improve all round sexual health and wellbeing. Poor sexual health places a burden on public services, in particular the National Health Service (NHS). If we are to get the prevention investment levels right in this area, and target those investments accordingly (i.e. to those most in need) then we will undoubtedly lessen the financial burden on services in the medium to long-term. After all, the cost of teenage pregnancy to the NHS is estimated to be £63M a year.

Most people become sexually active and start forming relationships between the ages of 16 and 24 years. Young people in these age groups have significantly higher rates of poor sexual health than older people; figures indicate that young people aged 16-24 account for over half of the sexually transmitted infections (STIs) diagnosed and, despite progress made in tackling teenage pregnancy, 80% of under 18 conceptions were 16 and 17 year olds.

Teenage mothers are more likely than older mothers to require extensive support from a range of local services, examples include assisting them to access supported housing or to re-engage in education, employment and training. There is much to be gained from investing in reducing teenage pregnancy through a multi-agency preventative and educative way.

Additionally, rates of STIs are rising, with the North West seeing the highest rates outside London. Particularly concerning is the rise in the number of new episodes of Chlamydia, which is predominant among 16-24 years old. If left untreated,

Chlamydia can lead to infertility problems in both sexes. There are multiple factors influencing high STI and under 18 conception rates among the UK's young population. Access to sexual health and relationship education along with choice and accessibility of contraception is a factor. The low use of contraception by sexually active teenagers, compared with other European countries is significant. Young people under 16 are the group least likely to use contraception. The reasons young people give for this are ignorance about contraception, lack of access to contraceptive services, and lack of confidence in discussing contraceptive use with a partner. Research suggest that informative education around sexual health and relationships, coupled with improved access to contraception including condoms and implants, are the key to addressing these health issues. Evidence presented at the Royal College of Nursing (RCN)² highlights that many young people wish to access convenient and friendly school or community based drop-in clinics. Ideally these drop-in clinics should offer a range of services including contraception, STI testing and relationship advice and signposting to offer full support to young people. Addressing teenage pregnancy alongside work to reduce sexually transmitted infections is a national public health concern. Access to contraceptive and sexual health services, advice and clear messages about using both a condom and the most appropriate effective contraception is necessary to achieve both outcomes.

2. Knowsley data and trends

Provisional quarterly conception figures are published 14 months after the quarter has ended (conceptions include pregnancies which lead to one or more live births or stillbirths hence statistics can only be compiled once births relating to conceptions in the reference year are registered - registration of a birth is legally required within 42 days of its occurrence).

2.1 Under-18 conceptions

- 39.3 under-18 conceptions per 1,000 females aged 15-17 (2012)
- This was 116 conceptions

² Royal College Nursing, Research Conference, 2009

- Significantly higher than England (27.7) and North West (31.6)
- However, rate reduced by 28% between 1998 and 2012
- 63% led to abortion in 2012 (England = 49%, North West = 49%)

2.2 Under-16 conceptions

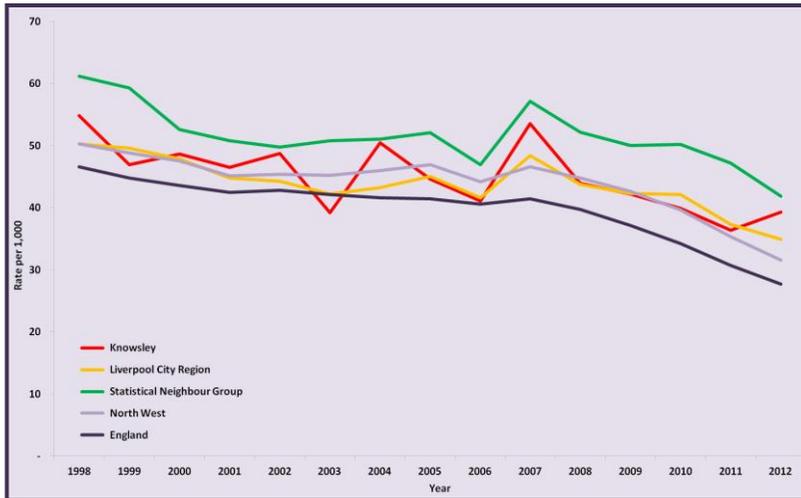
- 7.8 under-16 conceptions per 1,000 females aged 13-15 (2010-12)
- 68 conceptions over the 3-year period, around 23 per year
- Higher rate than England (6.1) and North West (7.1) but lower than the Liverpool City Region (8.0)
- Under-16 conceptions account for about a fifth of under-18 conceptions
- 63% of under-16 conceptions also led to abortion (England = 61%, North West = 62%)
- Rate increased by 7% since 1998-00

In Knowsley, there is a significant drive to empower and educate young people and offer them a choice of contraception methods. Nationally, under-18 teenage conceptions fell by almost 10% to 27.7 conceptions per 1,000 females aged 15-17 between 2011 and 2012. However, Knowsley conception rates show an increase between 2011 and 2012. Although the increase is a cause for concern, Knowsley has still seen a reduction in teenage conception rates of 38% since 1998. Latest data shows Teenage Pregnancy is up from 7.1 per 1,000 females aged 13-15 in 2009-11 to 7.8 per 1,000 females aged 13-15 in 2010-12.

The actual numbers of conceptions (2012):

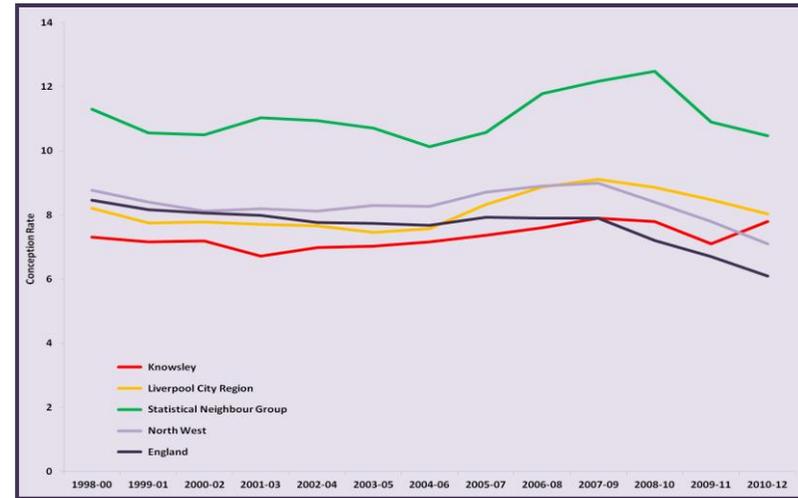
- Under 18 conception rate went from **108** to **116** in 2012
- Under 16 conception rates have risen from **63** to **68** from 2010-2012.

Under-18 Teenage Conceptions, 1998-2012



Source: Office for National Statistics

Under-16 Teenage Conceptions, 1998 -2012



Source: Office for National Statistics

Abortions

- 674 abortions in Knowsley during 2013
- Age-standardised abortion rate of 21.7 per 1,000 females aged 15-44 (England = 16.6, North West = 17.5)
- The table below shows the rudimentary abortion by age

Age-Standardised Abortion Rates by Age, 2012

	Knowsley Abortions	Knowsley ASR	North West ASR	England ASR
Total	676	23.0	17.5	16.6
Under 18	62	20.9	14.6	12.8
18-19	66	32.0	28.7	26.0
20-24	211	41.8	31.6	29.1
25-29	158	32.0	23.6	21.9
30-34	108	24.2	17.1	16.5
35 & Over	71	7.0	6.1	6.9

Source: Department of Health

3. Sexually Transmitted Infections - Knowsley prevalence (under 25)

The higher rates of STIs occur under the age of 25 for all types:

The number of STIs has increased between 2012 and 2013 for the main types:

- Chlamydia – from 657 in 2012 to 568 in 2013. Of those in 2013, 73% were aged between 15 and 24
- Gonorrhoea – from 46 (2012) to 72 (2013); 46 was the highest between 2009 and 2012 so a 57% increase is quite stark. Of these, 58% were under the age of 25
- Herpes – from 55 to 86, a 56% increase. Of these 86, 49% were under the age of 25
- Genital Warts – from 217 to 238, a 10% increase. Of the 238 cases, 54% were under the age of 25.

4. The Impact of Teenage Pregnancy

The challenge for local areas is to provide young people with the means to avoid early pregnancy, but also to tackle the underlying circumstances that motivate young people to want to, or lead them passively, to become pregnant or parents at a young age³.

There is evidence to suggest that young people in Knowsley increasingly have the aspiration to succeed in their education. The percentage of young people who make their expected progress in English and Maths is improving and typically at a better rate than the national average including both further and higher education. Aspiration is the best form of preventative work and this positive trend in skills and training is encouraging⁴. We know that the majority of teenage pregnancies are unplanned; they often arise as a result of other risk taking behaviour such as use of drugs and alcohol. We also know that certain groups of young people are substantially more at risk than others. The local Teenage Pregnancy Reduction Plan therefore needs to give young people the support and guidance they need to resist the pressure to make poor sexual health choices.

³ National Teenage Pregnancy Unit, 2008

⁴ Knowsley Children and Young Peoples Need Assessment, 2014

Evidence clearly shows that having children at a young age can damage young women's health and wellbeing and severely limit their education and career prospects. Longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves⁵.

The facts show:

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers; Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers - both of which have negative health consequences for the child
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three

⁵ Dennison, C. (2004) *Teenage pregnancy: An overview of the research evidence*, London: Health Development Agency

4.2 Priority Areas

The Young Person's Sexual Health Needs Assessment suggests that a multiagency, partnership approach should be developed to reduce under 18 conceptions, this includes delivery of young people friendly sexual health services and support for teenage parents. Recommended priority areas covered by this action plan are as follows:

- i. Teenage pregnancy prevention and access to contraception
- ii. Delivery of good quality Personal, Social and Health Education (PSHE)
- iii. Sexual health promotion and reduction in risk taking behaviour
- iv. Chlamydia / Sexually Transmitted Infections
- v. HIV prevention
- vi. Parents have access to advice and guidance which will help them to support their children around sex and relationship issues
- vii. Knowsley workforce are aware of both local and national support mechanisms available to support young people
- viii. Support for young parents

National evidence to support this approach can be found in NICE guidance and further actions and evidence are detailed as part of the action plan. Knowsleys approach to teenage pregnancy reduction is supported by the Local Government Association: Tackling Teenage Pregnancy⁶ and the Teenage Pregnancy Strategy: Beyond 2010⁷.

⁶ Local Government Association. (2013). Tackling Teenage Pregnancy Local Government's new Public Health Role

⁷ Department of Health. (2012). Teenage Pregnancy Strategy: Beyond 2010

5. Safeguarding

Many young women experience a high level of violence and abuse in their relationships and many of the young women vulnerable to teenage pregnancy may have much older male partners. International research findings demonstrate connections between sexual abuse, coercion, intimate partner violence and teenage conception rates. Recent research in the UK has shown clear links between teenage pregnancy and non-consensual sexual activity.

Girls who have been sexually abused are more likely to become sexually active at a young age and be at specific risk of teenage pregnancy. The NHS Taskforce on Violence Against Women and Children refers to teenage pregnancy as one of the many impacts of abuse. Alcohol is often cited by young people as one of the factors that contribute to sexual activity they have subsequently regretted. Therefore much is needed to be done to ensure young people are aware of the contraception options available to them pre and post intercourse⁸.

6. Supporting young people who choose to be parents

The approach underpinning this plan is to enable young people to make an informed choice. This means we respect the right of young people to choose to become teenage parents, within a legal context. However, far too often it seems young people enter into parenthood either accidentally or without having the skills and information to make a fully informed choice about their future. Locally, support for young women who continue with their pregnancy is provided by a range of services including the Family Nurse Partnership (FNP). The Family Nurse Partnership is a home visiting programme for first time young mums (and dads), aged 19 or under. A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is aged two.

The FNP programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, whilst also providing cost benefits. A key aim of FNP is to help the mother identify resources within the community that will support the health and development of herself and her child.

⁸ Coy, M., Lee, K., Kelly, L. and Roach, C. (2010). An Exploratory Study of the Connections between Non-consensual Sex and Teenage Pregnancy, Executive Summary. Child and Woman Abuse Studies Unit, London Metropolitan University

However FNP is not for all, Knowsley's Stronger Families and Children's Centre teams also work with young parents to support the delivery of positive outcomes and to reduce repeat pregnancies where possible.

7. Consultation, stakeholders and partners

As part of this work, consultation has been ongoing with young people, utilising the links with Knowsley Youth Mutual. It is recognised that consultation can be formal and informal and therefore every opportunity has been capitalised on. There have been on-line consultations via survey monkey to bring together young people's thoughts and needs relating to this thematic area.

Professionals from a wide range of organisations were invited to participate in a workshop to contribute to this action plan and the wider sexual health strategy. This included partners from a range of disciplines including sexual health services, GP's and pharmacists. Professionals could chose to attend the workshop or provide remote input via emails, the outcome of which has been incorporated into this action plan. (Overview of the agencies consulted is in appendix 2.)

A task and finish group has been established consisting of key partners to aid the development of this action plan. Performance and delivery of this action plan will continue to be monitored via the Sexual Health Modernisation Board on an annual basis.

Appendix 1

Teenage Pregnancy Reduction Plan

Objective	Actions	Timeline	Lead Organisation
1	Teenage pregnancy prevention and access to contraception		
All children and young people receive good quality sex and relationships education at home, at school and in the community	<ul style="list-style-type: none"> Consult with Young People (Build on findings from Chelsea's Choice) 	January 2015	Public Health
	<ul style="list-style-type: none"> Ensure good quality education is be provided in primary school settings which can then be built upon in secondary school 	January 2015	
	<ul style="list-style-type: none"> Commission Speakeasy – review Parental confidence levels as part of monitoring 	July 2015	Public Health
	<ul style="list-style-type: none"> Develop mechanisms of engaging with parents via wider engagement campaign. Explore new digital media / apps 	July 2015	Public Health
	<ul style="list-style-type: none"> Test the use of incentives for harder to engage parents 	July 2015	Public Health Stronger Families
	<ul style="list-style-type: none"> Recruit champions to engage with young people 	September 2015	Knowsley Youth Mutual

2	PHSE		
<p>All children and young people understand consent, sexual consent and issues around abusive relationships</p> <p>Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex</p> <p>All children and young people know how to ask for help and are able to access confidential advice and support about wellbeing, relationships and sexual health</p>	<ul style="list-style-type: none"> • Commission PSHE resources and associated training regarding sexual health and relationship education across primary and secondary aged children • Links between alcohol and sexual health to be explored via outreach work with Young People • Develop a staff training programme to be delivered utilising concept of “every contact counts” and brief intervention • Collaborative promotional campaign across services • Undertake consultation exercise with young people to identify how they would prefer to receive help • Digital / social media communication to be utilised • Bus / public transport campaign • Development and delivery of a Teenage Health summit in Knowsley as part of a media campaign and re launch of THinK • Increase access to information across a range of media platforms like the KYM website 	<p>April 2015</p> <p>January 2015</p> <p>March 2016</p> <p>March 2015</p> <p>March 2015</p>	<p>Public Health</p> <p>Knowsley Youth Mutual</p> <p>Public Health</p> <p>Knowsley Youth Mutual Public Health</p> <p>Public Health Knowsley Youth Mutual</p>

3	Sexual health promotion and reduction in risk taking behaviour		
All young people are able to make informed and responsible decisions to understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex	<ul style="list-style-type: none"> • Re-commission Chelsea's Choice to target new cohort of young people and act upon the findings of feedback from original performances links to Risk Taking Behaviour Campaign • Develop universal, multiagency staff training programme • Explore and identify current ways in which young people prefer to access information 	January 2015 November 2015 March 2015	Public Health Knowsley Youth Mutual Knowsley Youth Mutual
4	Chlamydia / Sexually Transmitted Infections		
Increased availability and uptake of Chlamydia testing to reduce transmission	<ul style="list-style-type: none"> • Use opportunistic methods to test. Look at possibility of testing whenever EHC is given out • Work with Pharmacies to increase the distribution of EHC • Review Long Acting Reversible Contraception (LARC) uptake and improve access and use across the Borough 	March 2015 June 2015 June 2016	Public Health Sexual Health Services Pharmacies
5	HIV Prevention		
Young People are increasingly aware of the risks of HIV	<ul style="list-style-type: none"> • Explore wider opportunities for campaign work to inform Young People on sexual health provision that safeguards them against HIV 	September 2015	Sexual Health Modernisation Board

6	Parents have access to advice and guidance about speaking to their children around sex and relationships issues		
Individuals with children understand where to access information and guidance on how to speak to their children about relationships and sex	<ul style="list-style-type: none"> • Commission a range of parental workshops to increase parent's confidence levels in talking about and dealing with challenging issues. • Review delivery of parental workshops • Explore new ways of engaging with parents including via school health service • Parent information to be included as part of Healthy Knowsley website and promoted to parents via school health • Ensure that parental information is accessible across the borough 	January 2015 September 2015 October 2015 January 2016 October 2015	Public Health Public Health 5 Borough Partnership Sexual health services Public Health
7	Knowsley workforce are able to support and signpost young people around sex and relationships issues		
All young people's sexual health needs, whatever their sexuality are comprehensively met	<ul style="list-style-type: none"> • Commission support for LGBT young people • Review needs of other vulnerable groups including individuals with physical or learning disabilities, LAC, Care Leavers 	April 2015 December 2016	Public Health KYM & Public Health

Appendix 2- Agencies consulted

- Public Health Midwives
- Knowsley Youth Mutual
- Knowsley Integrated Recovery Service (Crime Reduction Initiatives)
- Knowsley Sexual Health Service
- Sahir House
- Public Health GP
- St Helens and Knowsley Hospitals NHSTrust
- Rape and Sexual Assault Support Centre
- Community Health Development Team, 5 Boroughs NHS Partnership Trust
- Stronger Families
- Safer Communities
- Royal Liverpool University Hospital NHS Trust
- GUM Consultant
- Social Care
- Adult Inclusion Team
- Knowsley GPs and Pharmacists
- Knowsley College